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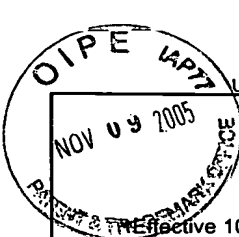
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/699,077
	Filing Date	October 31, 2003
	First Named Inventor	Leslie ROSS
	Group Art Unit	1771
	Examiner Name	Hai VO Fax: (571) 273-8300
Total No. of Pages in this Submission: 13		Attorney Docket Number BRONIG P65AUS

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <i>(in Duplicate)</i> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> Postcard

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Michael J. BUJOLD DAVIS & BUJOLD, P.L.L.C. Reg. No. 32,018 CUSTOMER NO. 020210
Signature	
Date	November 7, 2005

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>November 7, 2005</u> .	
Type or printed name	Michael J. BUJOLD
Signature	Date: November 7, 2005 (Lfb)



FEE TRANSMITTAL

for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$450

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 04-0213

Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

The Director is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified account.

FEE CALCULATION

1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1011	1000	2011	500	Utility filing fee	
1012	430	2012	215	Design filing fee	
1013	660	2013	330	Plant filing fee	
1014	1400	2014	700	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	
SUBTOTAL (1)					\$-0-

2. CLAIMS

	Extra	Fee From Below	Fee Paid
Total Claims	-20*	= \$ 50 (\$ 25) x	=
Ind. Claims	- 3	= \$200 (\$100) x	=
Multiple Dependent	=	= \$360 (\$180) x	=

** or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				\$-0-

**or number previously paid, if greater; For Reissues, see above

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Group Art Unit

10/699,077
October 31, 2003
Leslie ROSS
Hai VO
1771

Attorney Docket No.

BRONIG P65AUS

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge-late filing fee/oath	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for re-examination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Ext.for reply w/in 1 mon	
1252	450	2252	225	Ext.for reply w/in 2 mon	\$450
1253	1,020	2253	510	Ext.for reply w/in 3 mon	
1254	1,590	2254	795	Ext.for reply w/in 4 mon	
1255	2,160	2255	1,080	Ext.for reply w/in 5 mon	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a Brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (for reissue)	
1502	800	2502	400	Design issue fee	
1503	1,100	2503	550	Plant issue fee	
1807	50	1807	50	Petition related to provisional applns.	
1806	180	1806	180	Submission of Info.Disclo.Stmt.	
8021	40	8021	40	Recording ea. patent assignment per property (times No.of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For ea.additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Cont.Exam.(RCE)	
1802	900	1802	900	Request for expedited examination of a design appln	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)\$450

SUBMITTED BY

Completed (if applicable)

Typed or Printed Name

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